

# PARKS AND RECREATION REGISTRATION INFORMATION



Our computer requires the following information to process registrations.

Please make checks payable to: Columbus Parks & Recreation Department.

(Please Print)

Parent/Guardian Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mom's \_\_\_\_\_ Dad's \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

## Refund Policy

1. We reserve the right to cancel any class/program which fails to meet the required minimum participation. Full refunds will be issued in such instances.
2. Refunds will be issued only if request is made by the weekday prior to the beginning of the class/program (unless otherwise stated). No refunds will be given after class/program begins unless an injury prohibits participation in the program. A doctor's note is required for an injury refund and refund is subject to pro-rating.
3. A \$2 administrative refund fee will be charged. All refund claims are subject to the State Board of Accounts claim procedure and require a minimum of 2-3 weeks to process.

Register A: FName _____ LName _____ Sex: M / F Birthdate _____			
Class Code	Fee	Class Code	Fee
1.		5.	
2.		6.	
3.		7.	
4.		8.	

Register B: FName _____ LName _____ Sex: M / F Birthdate _____			
Class Code	Fee	Class Code	Fee
1.		5.	
2.		6.	
3.		7.	
4.		8.	

Register C: FName _____ LName _____ Sex: M / F Birthdate _____			
Class Code	Fee	Class Code	Fee
1.		5.	
2.		6.	
3.		7.	
4.		8.	

Yes, I want to make a donation to the Columbus Park Foundation - AMOUNT \$ \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Rec'd by \_\_\_\_\_ Date \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

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If mailing send to: Columbus Parks & Recreation • P.O. Box 858 • Columbus, IN • 47202